1	PURPOSE COMMITTEE I FINANCE REPORT	FORM SPAC COVER SHEET PG 1				
form.	Guide explains how to complete this (Ethics Commission filers)	2 Total pages filed:				
3 COMMITTEE NAME	to Keep tous on Strong	OFFICE USE ONLY Date Received				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE	TIBILIDA .				
Change of Address	mite 350 Houston, Texas 77024	Hand-delivered of Date Postmail of RECEIVED JUL 1 4 2006				
5 CAMPAIGN TREASURER NAME	MS/MRS/MR PRST MI NICKNAME PST SUFFIX	Date Proposed				
·	Butter	Date Imaged				
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, CITY: STATE; LE Brian House Houston, Texas 77027	ZIP CODE				
7 CAMPAIGN TREASURER'S MAILING ADDRESS Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE:	ZIP CODE				
Change of Address	Houston, lexas 77027					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 622 - 8036					
9 REPORTTYPE	January 15 30th day before election Ath day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination				
10 PERIOD COVERED	Month Day Year	Month Day Year				
	1 / 1 / 2006 THROUGH	6/30/2006				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year					
	Il 2 2001 Primary Runoff	General Special				
GO TO PAGE 2						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS				FORM SPAC COVER SHEET PG 2	
12 COMMITTEE NAME	, ze	s to Ke	ep Houston Stong	ACCOUNT # (Ethics Commission filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		
SUPPORT (Candidate or Measu	ure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	cholder)	
☐ OPPOSE					
(Candidate or Measure) Assist (Officeholder)		MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year 11 / 2 / 2004	
			DESCRIPTION Die		
14 CONTRIBUTION TOTALS	1.		V NTRIBUTIONS OF \$50 OR LESS (OTHER THAN GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ()	
EXPENDITURE TOTALS	2.	TOTAL POLITICAL (OTHER THAN PLEDGE	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
	3.	TOTAL POLITICAL EXP	\$ 0		
	4.	TOTAL POLITICAL	EXPENDITURES	\$ 19,160.85	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CON OF THE REPORTING P	NTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD	\$ 64,662.81	
OUTSTANDING LOANTOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS OF THE PORTING PERIOD	\$ D	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Pure Butter of campaign treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said of July 20 0b , to certify which, witness my hand and seal of office.					
Famela J. Kosevau Tamela F. Rosenaua Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Etnics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506			
POLITICAL EXPENDITURES	SCHEDULE F			
The Instruction Guide explains how to complete this form.	1 Total page: Schedule F:			
2 FIDER NAME Litizans Los Keep Housian Strong	3 ACCOUNT# (Ethics Commission filers)			
4 Date 5 Payee name Susabelle Zask	7 Amount (\$)			
3 27 Zoop 6 Payee address; City, State; Zip Code 1602 McDonald Houston, Toxas 77007	350.00			
8 Purpose of payment (See instructions regarding type of information required.) 9 "Complete if d Candidate / Officeholder expense"	rect expenditure to benefit C/OH ↔ name Office sought Office held			
Date Pervee name City; State; Zip Code	Amount (\$)			
1002 MeDonald Houston, Texas 77007	125.00			
Purpose of payment (See instructions regarding type of information required.) Candidate / Office holder name Office sought Office held				
Good Keeping administrative expense				
Date Payee name	Amount (\$)			
Payee addrest; City; State; Zip Code State; Zip Code State; Zip Code State; Zip Code State; Zip Code State; Zip Code	3104.24			
Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder of the control of the	rect expenditure to benefit C/OH ** name Office sought Office held			
Date Payee name	Amount (\$)			
2/17/2006 Payee address; City: State; Zip Code 2/07/2006 Zio 3 2 Marine Way Mountain View, CA 94043	34.56			
Aurpose of payment (See instructions regarding type of information	rect expenditure to benefit C/OH ** name Office held Office held			
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				